THE ORIGIN OF FINGER PRINTING. By *Sir William J. Herschell, Bart.* Oxford University Press, London, 1916. Pages, 41. 50c.

The purpose of this interesting little book is to record the beginning of the finger print method of personal identification in Bengal in 1858; to trace its development up to its public demonstration in Bengal from 1877-78; to examine the evidence that this method had been foreshadowed in Europe more than 100 years ago and had been general, especially in China, in ancient times. The pamphlet contains 20 illustrations.

Northwestern University. ROBERT H. GAULT.

PRISON REFORM. Compiled by *Corinne Bacon.* The Hand Book Series. The H. W. Wilson Company, White Plains, New York, 1917. Pages 309. $1.00 net.

The purpose of this book is to give the reader a general knowledge of prison reform in the United States. The sections included in the book are reprints of articles that have appeared in many places and are arranged under the following heads: History of Prison Reform; Conditions and Methods in Prisons and Reformatories; Sing Sing and Warden Osborne; Psychopathic Clinics and Classification of Prisoners; Convict Labor; Indeterminate Sentence; Probation and Parole; Jails and Centralized Control of Penal Institutions. An article by Mr. Thomas M. Osborne entitled "The Prison of the Future," completes the volume. Most of the articles are altogether too brief and sketchy to be of any use to a student of penology. The book will serve a good purpose however in bringing to the eye of the general reader in a small space the general subject of prison reform.

Northwestern University. ROBERT H. GAULT.

STANDARDIZED FIELDS OF INQUIRY FOR CLINICAL STUDIES OF BORDERLINE DEFECTIVES. By *Walter E. Fernald,* M. D., Mental Hygiene, Apr. 1917. Pp. 211-34.

On the basis of the examination of some 1,500 individuals for diagnosis as to the presence or absence of mental defect at the outpatient clinics of the Massachusetts School for the Feeble-Minded, the following ten "Fields of Inquiry" were decided upon as furnishing a basis for individual case study:

1. Physical examination.
2. Family history.
3. Personal and development history.
4. School progress.
5. Examination in school work.
6. Practical knowledge and general information.
7. Social history and reactions.
8. Economic efficiency.
9. Moral reactions.
10. Mental examination.

The items of information were obtained from reliable sources. The examinations were made on the spot; intelligence tests were made

by the psychologist in the laboratory. Final diagnosis is made by graphic presentation of positive and negative findings in each field of inquiry. The minus sign is used to represent defect.

The charts accompanying the article are based on the diagnosis of 860 cases, 614 of whom were classed as feeble-minded. In comparing the cases diagnosed as "feeble-minded" and "not feeble-minded," the latter show some handicapped in physique, family history and developmental history, but the height of the curve is the field of moral reactions, showing that their bad behavior was the principal reason for being brought to the clinic. Of the feeble-minded group, 314 were morons, and 235 imbeciles. As a group the imbeciles get as high a percentage of minuses as possible in each field except family history and morals. The moron group are quite regular in their deficiencies, showing probability or corroboration of defect in almost every field.

The children diagnosed as backward show 86% minus in school progress, the common character of the group. By comparison, only 48% are minus in general information. Comparison with the defective group in general information, economic efficiency, and mental examination makes the diagnosis of backwardness seem only fair, especially in view of handicaps such as language and race difference. Of the cases on whom diagnosis was deferred the curve shows much the same condition. The basis of differentiation between this group and the backward was evolved by practice and from a thorough individual study rather than *a priori* classification of terms.

To summarize, in a definitely feeble-minded person, evidence of mental defect is found in almost all fields of inquiry; even in the borderline cases, where the defect is slight as a rule, definite evidence of mental defect will be found in nearly all the fields. In cases which are not mentally defective the synopsis of findings is usually equally significant and consistent. If a patient has a normal mind his personal history, school progress, practical knowledge, etc., are those of a normal person. Social history and reactions and moral reactions are constantly modified by environmental influences, and if deficiencies are found in these fields only, it is probable that they are due to causes other than mental deficiency.

Evanston, Ill. ELIZABETH PETTY SHAW.

HOW MAY WE DISCOVER THE CHILDREN WHO NEED SPECIAL CARE? By *Robert M. Yerkes.* Mental Hygiene, Apr. 1917. Pp. 252-59.

As a practical approach to the task of better suiting educational treatment to the needs of the individual child a classification is suggested according to the major characteristics of mind: (1) the intellectually superior or super-normal; (2) the intellectually inferior or subnormal; (3) the intellectually dependent; (4) the affectively or instinctively defective; (5) the mentally normal or average.

The first class are those who give promise of becoming the leaders of the community, and are handicapped in our schools by insufficient opportunities. They need special attention and care, as upon them